AS FILED ITALESCRIPT ASTREMENT	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (POR USE WITH FORM PTO-875)									SEMIAL NO. FILING DATE 9/ 282471					
INC. OFF. HALE DIMENT DA AMERICAL ST. NID. OFF. HID. OFF	ACTES ACTES											·	100 200		
1 1 1		AS FILED		1st AMENDMENT		2nd AMENDMENT								 	
2		IND.	OEP.	IND.	DEP.	IMD.	DEP.			IND.	DEP.	CND,	DEP.	IND.	DEP.
S				H	+	+	-(-			 		\vdash
6			- 3	+	-	+	$\overline{}$								
5			7												
7	5		7												
8	6		え						56						lacksquare
9	7).				- $/$		57						├
10	8				\Box	1	$-\!$								├
11	9					\vdash						<u> </u>	-		╂══┪
12			3	- \ -		$\overline{}$	-+					-			
13			<u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </u>	$\vdash \vdash \vdash$	\vdash	 	\rightarrow	1				\vdash			
14	-		<u> </u>	-)		- /									
15			1	- / -		-/ -									
16 - 17	- 1		1	1				1				·			
17 18 19 20 20 21 21 22 23 24 25 26 27 78 78 72 28 29 30 30 31 31 32 32 4 4 4 4 5 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8									.66						<u> </u>
19						Δ	$\perp \perp$					<u> </u>			├
20	18				\bot	-7	/					<u> </u>		<u> </u>	
21				-(/_					<u> </u>	-		
22				\rightarrow	-	-/-						_			
23					\rightarrow		-1-				-		l ·		
24				-		\vdash	_		_						
25				(1							•			
27)			1		75						
28	26			7			-1		76			<u> </u>			
29	27							ł							igspace
30				<u> </u>	-/-	$\perp \downarrow$		l						<u> </u>	├ ──┤
31	_				H	- /-	-				-	-	 	 	┼
32					 	\vdash	 							-	\vdash
33	_) 	 	1					 	1		
34			 		-/	7		1							
36				-	1:		7	1	84						
37 38 39 40 41 41 42 43 44 44 47 46 47 48 49 50 TOTAL IND. TOTAL I					1		1]	85						
38	36		Ĭ	l			1]	86				ļ		
39	37		<u> </u>					1		 	_	 		 	╂
40		ļ	<u> </u>				1	1			-		-	 	
41		 		 			 	1		 		\vdash	+	+-	
42 43 44 45 46 47 48 49 50 TOTAL UND. TOTAL UND. TOTAL 19		 	 	 		1	1-6	1		I^{-}	T				
43			1	 	7	 		1							
44					1]	-						
46					 			1	94		lacksquare	L			<u> </u>
47 48 49 50 100 100 10TAL UIND. 10TAL IND. 1	45						1	1		<u> </u>	 	 	 	 	
48 49 99 100 100 10TAL IND. 10TAL IND. 10TAL DEF. 10TAL DEF.					/	<u> </u>	1	4	1	!	-	 			
49 99 100 100 10TAL IND. 10TAL IND. 10TAL DEF. 10TAL DE				<u> </u>	-	 	 	4		\vdash	 	 	+	 	+
50 TOTAL 4 HD. TOTAL HD. TOTAL HD. TOTAL DEP.		—	 	 	1	1	 /	1		 	 	 	+	1-	+
TOTAL 4 TOTAL IND. TOTAL 19 17 17 15 TOTAL IND. TOTAL DEF.		-	╂	 	+-	-	0	1		+	 	 	1		1
TOTAL 19 - 17 - 15 - 15 OEP.	TOTAL	11	+-	1,	1 -	17		1	TOTAL		1.				
OEP. DEP	IND.		المال	1	ا ا	 //	1. 1		TOTAL	┼──	الما	-	البا	-	لب
ANDTALL DOCUMENT TO A PART TO THE STATE OF THE STATE OF THE SECTION OF THE SECTIO	DEP.	14		17'/	10.00	1/,7		4	DEP.	₩-	1.598.0		250	 	W.S. W.
PTO-1980 (3-78) MAY BE URED FOR ADDITIONAL CLAIMS OR AMENDMENTS WAY BE URED FOR ADDITIONAL CLAIMS OR AMENDMENTS WAY BE URED FOR ADDITIONAL CLAIMS OR AMENDMENTS WHAY BE URED FOR ADDITIONAL CLAIMS OR AMENDMENTS WHAY BE URED FOR ADDITIONAL CLAIMS OR AMENDMENTS WHAY BE URED FOR ADDITIONAL CLAIMS OR AMENDMENTS WHAT ADITIONAL CLAIMS OR AMENDMENTS WHAT ADDITIONAL CLAIMS OR AMENDMENTS WHAT ADDITIONAL CLAIMS OR AMENDMENTS WHAT ADDITIONAL CLAIMS			Fic.	1/9	2,5	1/6		1	CLAIMS				7.	4	MMERCE

PTO/SB/07 (08-03)

Approved for use through 7/31/2006, OMB 0551-0032

U.S. Foliant and Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

									Application Number Fitting Date							
	MUI	LTIPLE	DEPEN	IDENT (CLAIM		10	99/2	182	411						
	FI	EE CAL	CULAT	ION SH	EET		Α	Applicant(s)								
	• •	Substitute	e for For	n PTO-13	60		1									
		(For use	with Form	PTO/SB/0	6)			May be used for additional claims or amendments								
			4-05			* May be used for additional claims or amendments										
CLAIMS	AFTER FIRST AFTER SECOND AMENDMENT AMENDMENT							1-5-04 1-24-05								
	1-5	04			Indep	Depend	ŀ		Indep	Depend	Indep	Depend	Indep	Depend		
	Indep	Depend	Indep	Depend	шовр	Depend	F	51		1						
1 2			-	-			r	52		<i>F</i>						
3	-	-+	-	_				53					<u> </u>			
4		_	_				L	54								
5							-	55 56								
6							-	57				7				
7				<i> </i>			ŀ	58				1				
8			+	- / -			ŀ	59				/_				
10	 	 						60			ļ	1		 		
11	 / -						ŀ	61				-	 	1		
12			$\Box T$			 	1	62 63		 		 				
· 13	7			 			ŀ	64				/				
. 14	/		-/	 	 -		ı	65				/				
15 16	 	 		 	 		t	66					ļ			
17	/	1						67		<u> </u>	ļ	 	 	 		
18							ļ	68		 	 	 				
19			\Box	1		 	1	69 70		 	 	 				
20				 		 	ŀ	71								
21	├	 		 	 -	 	Ì	72 ·						 		
22	├ 	 	 	 		1	1	73			<u> </u>	ļ	├	<u> </u>		
23	 \ 	 	1				Į	74				 	├ ──	├ -		
25	1					1		75 76	<u> </u>	 		 	1	11		
26				 	<u> </u>	 		77				 				
27	1-(-	<i></i>	<i></i>	 \-	ļ	╀		78		 						
28	 	 	 /-	 	 	1		79					↓			
29 30	 / -	 	 	 				80	<u> </u>	ļ	 -	 	 	┼		
31	+			5				81	 	 -	 	 	 	1		
32			7	/	 	. .		82 83	 	 	 		1			
33	1.7	ļ	1	ļ	 			84	 	 						
34		 /;	├ ──	 	1			85					 	<u> </u>		
35 36	 	 	 	1-/-			i	86			↓			 		
37	 	 					1	87	 	 	 	 	 	- 		
38		1		1				88	 	 	 	+	+	+		
39		1			-		ł	89 90	 	┪───	1					
40			 	 	+		1	91	t					ļ		
41	 	 	 	+	 	+	1	92					1	 		
42	1	+	1	1	1]	93	 _		- -	 		+		
44	1	+ - ;					1	94	 		 	 -	+-	 		
45	1			1		-	1	95 96	1	 	+-	 	1			
46		1	<u> </u>		4	+	1	96	 	1	1	1				
47		1	 _	 	 		1	98	+	- 						
	1		+			+	1	99					 			
49	1	1	-	+	+	-	1	100								
50		+	 	+-	 	1	1	Total	12	11.	12	11	1			
Total Indep	1			_	 	ا لِـ	1	Indep	12		1-0		—			
Total	1			←	· ·	←	1	Total Depend	1/8	_	20	<u>. </u>				
Depend	1			T	 		1	Total		\Box	30)				
Total Claims		-	1	1	1	i		Claims	20	<u></u>	$J \mathcal{U}$		 _			
■ Claims	•	i														

This collection of information is required by 37 CFR 1.16. The information is required 10. obtain of retain a benefit by the public whick-is to file (and-by-the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.